

HEALTH DISPARITIES:

A Case for Closing the Gap

Introduction

The United States spends more than any other nation in the world on health care – in 2007 we spent \$2.2 trillion.¹ Despite consistent increases in spending, disparities among demographic groups persist. Low-income Americans and racial and ethnic minorities experience disproportionately higher rates of disease, fewer treatment options, and reduced access to care. With unemployment on the rise, the disparities already apparent among these groups will continue to increase. It is vital that health reform reduces costs to make health care affordable; protects a patient's choice of doctors, hospitals, and insurance plans; invests in prevention and wellness; and assures quality, affordable health care for all Americans.

Higher Rates of Disease

Racial and ethnic minorities have high rates of debilitating disease such as obesity, cancer, diabetes, and AIDS. One of the most glaring disparities is apparent in the African American community, where 48% of adults suffer from a chronic disease compared to 39% of the general population.²

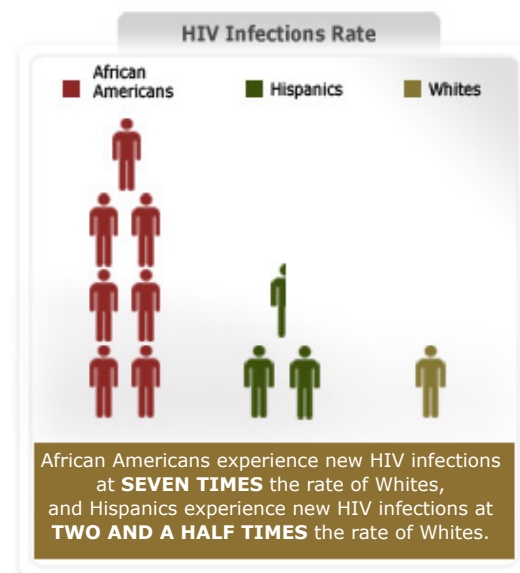
Obesity

Obesity is debilitating and is often a catalyst to chronic disease. Seven out of 10 African Americans ages 18 to 64 are obese or overweight, and African Americans are 15% more likely to suffer from obesity than Whites.³

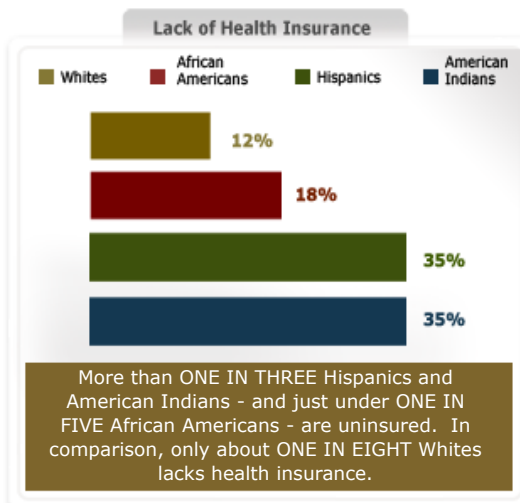
Cancer

African Americans are more likely to develop and die from cancer than any other racial or ethnic group.⁴

African American men are 50% more likely than Whites to have prostate cancer and are more likely than any other racial group to suffer from colorectal cancer.⁵ Hispanic⁶ and Vietnamese⁷ women have disproportionate rates of cervical cancer, which they contract at twice the rate of White women.



Source⁹



Source¹¹

Diabetes

Fifteen percent of African Americans, 14% of Hispanics, and 18% of American Indians suffer from adult onset diabetes. American Indians suffer from diabetes at more than twice the rate of the White population, which develops the disease at a rate of only 8%.⁸

HIV/AIDS

HIV bears witness to the most extreme disparity in chronic disease. African Americans experience new HIV infections at seven times the rate of Whites, and Hispanics experience new HIV infections at two and a half times the rate of Whites.⁹

Reduced Access to Care

Access to quality care is vital to overall health and wellness, and health insurance plays a key role. In the United States, racial and ethnic minorities and low-income populations experience serious disparities in rates of insurance and access to health care.¹⁰

Health Insurance

More than one in three Hispanics and American Indians – and just under one in five African Americans – are uninsured. In comparison, only about one in eight Whites lacks health insurance.¹¹

Four in 10 low-income Americans do not have health insurance, and half of the nearly 46 million uninsured people in the United States are poor. About one-third of the uninsured have a chronic disease, and they are six times less likely to receive care for a health problem than the insured.¹² In contrast, 94% of upper-income Americans have health insurance.¹³

Lack of a Primary Care Provider and Usual Source of Care

A primary care provider and a facility where a person receives regular care substantially improve health outcomes. However, Hispanics are only half as likely to have a usual source of care as Whites. What's more, half of Hispanics and more than a quarter of African Americans do not have a regular doctor, compared with only one fifth of Whites.¹⁴

Low-income Americans are three times less likely to have a usual source of care compared to those with higher



Source¹⁷

incomes – and almost half of low-income Hispanics lack a usual source of care.¹⁵

Communication with a Health Care Provider

Poor communication with health care providers results in a host of problems including less access to preventative care and higher rates of re-hospitalization. Asian Americans, African Americans, and Hispanics all reported having poor communications with their doctor more often than Whites. For Asians Americans, the gap has increased over time.

Lack of Routine Care and Prevention

Disparities in health care are also apparent in the variation in preventive services among demographic groups.

Routine Care

People who do not have access to a usual source of primary preventive health care are more likely to end up in the emergency department or in the hospital. Indeed, African Americans use the emergency department at twice the rate of Whites.¹⁶

Low-income adults and children struggle to obtain routine but needed care that serves to prevent the occurrence of more serious health problems. Twenty percent of low-income Hispanic youth have gone a year without a health care visit – a rate three times higher than that for high-income Whites.¹⁷

Prevention

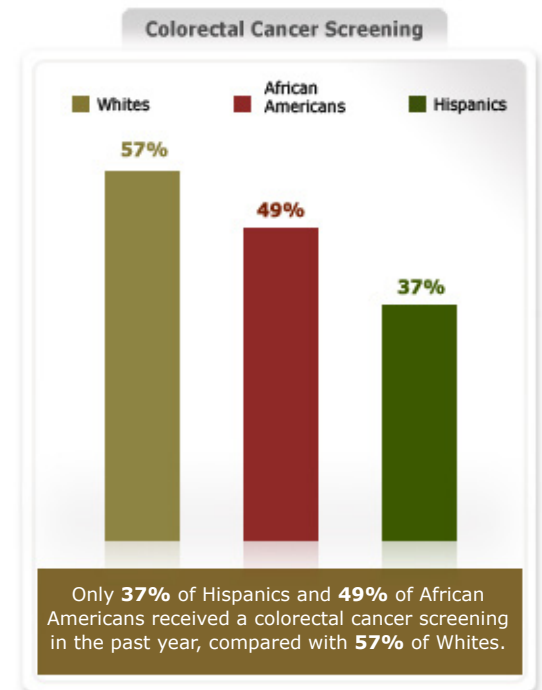
Preventative care is paramount to stopping the root causes of disease as well as detecting diseases in their early stages when treatment is most effective.

Obesity

Hispanics were one-third less likely to be counseled on obesity than were Whites – only 44% of Hispanics received counseling.¹⁸

HIV/AIDS

Proper maintenance of HIV slows the virus from progressing to AIDS; high rates of AIDS demonstrate a lack of access to needed care for HIV. African Americans are diagnosed with AIDS at nine times the rate of Whites, and Hispanics are diagnosed with the disease at three times the rate of Whites.¹⁹



Source²¹

Cancer

Only 37% of Hispanics and 49% of African Americans received a colorectal cancer screening in 2007, compared with 57% of Whites.²⁰ This contributed to colorectal cancer diagnoses for African Americans at more advanced stages, with a higher mortality rate than any other race.²¹

Pap smears are a common test that allow for early detection and treatment of cervical cancer. Vietnamese women are half as likely to have had a pap smear test in the past three years when compared with Whites. In turn, they have the highest rate of cervical cancer – twice the rate of Whites – and are twice as likely to die from cervical cancer once it develops.²²

Mammography is a simple screening that is vital to the early detection of breast cancer, but low-income women are 26% less likely than women in the highest income bracket to receive a mammogram.²³ In addition, while African American women suffer from breast cancer at a lower rate than White women, they die from the disease more often.²⁴

Diabetes

Diabetes requires consistent management to prevent progression of the disease – proper management and prevention includes hemoglobin testing, eye and foot examinations, influenza vaccinations, and lipid management. Less than one-third of people living within 200% of the poverty line receive these preventive measures, while more than half of people with high incomes receive proper care.²⁵

When diabetes is not managed properly, patients can incur kidney disease and foot amputations as late-term consequences – conditions that are much more likely among Hispanics and African Americans, respectively.²⁶

Need for Reform

The disparities in health care highlighted in this report demonstrate the need for reform. Meaningful reform must invest in prevention and wellness and ensure that all Americans have access to high-quality, affordable care. We can no longer afford to tolerate disparities in health.

Sources

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